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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

NAME OF TYPE (COMMITTEE (in full)	OR PRINT ▼	Example: over the li	If typing, type ines.	12FE4M5	
Bruce Nathan for United Sta	tes Senate			1 1 1 1 1	
ADDRESS (number and street) Check if different	3. IS 7	ITY A	NEW (N) OR	STATE AMENDE	990 ZIP CODE STATE ▼ DISTRICT D FL
4. TYPE OF REPORT (Choose Or (a) Quarterly Reports: April 15 Quarterly Report (Cooper 15 Quarterly Report (Cooper 15 Quarterly Report Quarterly Report (Cooper 15 Quarterly Report (Cooper 15 Quarterly Report (Cooper 15 Quarterly Report (TER))	(b) 12-E (21) (22) (rt (Q3) Elect (rt (YE) (c) 30-E	Primal Convection on Day POST-Election	n Report for the ry (12P) ention (12C) fon Report for the ral (30G)	General (120	in the State of
5. Covering Period 06 /	20 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		rough 0	M / D D / 0 30 /	2015
I certify that I have examined this Report Type or Print Name of Treasurer Michael Mali	nael Millner	of my knowledg	e and belief it is	Date O'7	omplete.
NOTE: Submission of false, erroneous, or Office Use Only	incomplete informat	ion may subject	the person signir	ng this Report to the	penalties of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)